

## Maternity

# External Cephalic Version (ECV) - Turning a breech baby in the womb

Your doctor has told you that your baby is in the breech position and External Cephalic Version (ECV) is recommended.

### What is breech position?

Breech means that your baby is lying bottom first or feet first in the womb (uterus) instead of in the usual head-first position. In early pregnancy breech is very common, but as your pregnancy continues, baby usually turns by itself into the head first position. Between 37 and 42 weeks (term) most babies are head-first, ready to be born.

### What is External Cephalic Version (ECV)?

Having a baby in breech position can make birth more difficult. So, your doctor may try turning your baby so the head is facing down. They will press gently on your abdomen (tummy) to help the baby turn a somersault in the womb to get into the right position. This technique is called External Cephalic Version (ECV).

### What are the main benefits of ECV?

- If it works, the baby will be in the right position for birth. This makes vaginal delivery safer.
- It can help avoid needing caesarean section.

### When can it be done?

ECV is usually tried after 36 weeks of pregnancy. Depending on your situation, ECV can be done right up until you give birth.



## Does ECV always work?

ECV works for about half of all women (50%). Your doctor or midwife will tell you how likely it is that this will work for you.

Relaxing the muscles of the womb with medication during an ECV is likely to improve the chance of success. This medication will not affect the baby. You can help by relaxing your tummy (abdominal) muscles.

The baby may turn back into a breech position after a successful ECV. You would usually have a scan when you come in for labour to check the position of the baby.

If the baby does not turn, the doctor may try again another day. If the baby still does not turn after a second try, your doctor or midwife will discuss your options for birth. See RCOG Patient Information 'A breech baby at the end of pregnancy', available at: [Breech baby at the end of pregnancy | RCOG](#)

## Is ECV safe for me and my baby?

ECV is usually safe and does not make labour start. The baby's heart will be checked before, during and after the ECV.

But sometimes, there can be problems, like:

- About 1 in 200 (0.5%) babies might need to be delivered by emergency caesarean section right after an ECV because of bleeding from the placenta or changes in their heartbeat.
- The membranes may rupture (waters break) during the procedure.

An ECV should be done where doctors can do an emergency caesarean section if needed.

ECV should not be done if:

- You need a caesarean section for other reasons.
- You have had vaginal bleeding in the last week.
- The baby's heart rate tracing (also known as a CTG) isn't normal.
- Your womb is not the normal pear-shape (some women have a womb which resembles a heart-shape, known as a bicornuate uterus).
- Your waters have broken before you go into labour (see RCOG Patient Information 'When your waters break early (available at: [When your waters break prematurely | RCOG](#)
- You are expecting twins or more (except before delivering the last baby).

## Your choices

If the baby does not turn or if you decide not to have an ECV, you can:

- Have an elective caesarean section.
- Continue the pregnancy with the baby in the breech position and have a vaginal breech delivery.

## Is ECV painful?

ECV can be uncomfortable. Tell your obstetrician or midwife if you feel pain so they can move their hands or stop.

## Before the procedure

- You can eat and drink normally before going to the hospital.
- A tracing of the baby's heart rate will be made.
- An ultrasound scan will be done to make sure the baby is breech.
- You may be given a small injection to help relax the womb.

## During the procedure

- The procedure will be done by a consultant obstetrician or a registrar that has been trained in ECV.
- You will lie flat on a bed, and the bottom of the bed may be raised.
- The doctor will put their hands on your tummy, moving the baby up and out of the pelvis. The baby will be turned forwards or backwards until the head is down.

## After the procedure

- An ultrasound scan will check if the baby is now head down.
- The baby's heart rate will be checked again.
- If you have Rhesus negative blood group, and we do not know your baby's blood group, or we know that your baby is a Rhesus positive blood group (for example through Rhesus genotype testing) you will need an Anti-D injection. Your midwife will explain in more detail if this applies to you and your baby.
- You will be told what problems to look out for.

## At home after ECV

You should telephone the hospital on the number below if you have bleeding, abdominal pain, contractions or reduced movements after ECV.

## Can you do anything to help your baby turn?

There is no scientific evidence that lying down or sitting in a particular position can help your baby to turn. Always ask if you are unsure or want more information.

## More information

If you need any information, please telephone the Labour Ward (open 24 hours) on 024 7696 7333.

This information is based on the Royal College of Obstetricians and Gynaecologists (RCOG) guideline 'External Cephalic Version and Reducing the Incidence of Breech Presentation' (published by the RCOG in December 2006), and RCOG's patient Information leaflet 'Turning a breech baby in the Womb (external cephalic version)'. February 2008  
[www.rcog.org.uk](http://www.rcog.org.uk)

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